

Section 8

Planning Resources Community Need Index

The Community Need Index Report Series (2000 Edition)

Introduction

The Community Need Index (CNI), developed by the New York State Department of Health's AIDS Institute, is a reference tool useful for HIV/AIDS-related need assessments, program planning and program evaluation in small areas. The CNI is a composite measure created by combining information from ten ZIP code-level indicators of health status within a statistical area. A CNI

score is assigned to every ZIP code and a higher CNI score suggests greater need for services. The CNI is available in the publication titled *The Community Need Index Report Series (2000 Edition)* and it can be a valuable resource for program planners and service providers.

About The Community Need Index Report Series (2000 Edition)

The Community Need Index (CNI) Report Series (2000 Edition) includes a total of eight regional reports covering all 62 New York

State counties that are classified into three CNI statistical areas¹ (Table 8-1). Each regional report provides summary tables and maps by county and ZIP code that display different levels of service needs in small areas as indicated by the CNI and the ten indicators used in the CNI calculation. In addition, AIDS Institute-funded service provider information and selected socio-demographic characteristics of the local communities are listed to facilitate program planning and evaluation activities. All available data are reported at the ZIP code level by county.

Table 8-1

Counties included in the eight regional reports and the three CNI statistical areas.

CNI Statistical Area	Report Region	County
New York City (NYC)	New York City	Bronx, Kings, New York, Queens, Richmond
New York City Vicinity (NYV)	Hudson Valley	Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
	Nassau/Suffolk	Nassau, Suffolk
Rest of State (ROS)	Central New York	Cayuga, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, Saint Lawrence, Tompkins
	Finger Lakes	Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates
	NY Penn	Broome, Chenango, Tioga
	Northeastern New York	Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington
	Western New York	Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming

¹ A CNI statistical area is a multi-county region within which CNI scores of the ZIP codes in the region are computed. Three CNI statistical areas are defined in the current CNI Report Series.

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What is the Community Need Index?

HIV infection affects every community in New York State, yet each community is impacted differently because of differences in demographics (population density, age of residents, etc.) as well as differences in geographic location, access to transportation, availability of health services in the locality and the health status of current residents. Using a multiple-indicator approach, the CNI underscores the view that HIV/AIDS-related service needs are multifaceted and no single indicator may fully capture the multiple factors at work within the community. In practice, the CNI combines information from ten indicators of community health status (please see Table 8-2) into a single score for each ZIP code². Every indicator chosen for calculation is presumed to capture some aspect of HIV-related risk, need or status in the communities and yet by itself alone cannot fully gauge the level of service needs. When the indicators are statistically combined, the resulting index (i.e.

the CNI) provides a more well-rounded composite picture of local needs while reducing the effects of unevenness in the data. (A detailed discussion of the CNI methodology and limitations is available in the CNI report.)

Together with information about the current availability of local HIV/AIDS-related services and other community characteristics, the CNI can help prevention and health care providers address the specific needs of the people residing in their service areas.

Tables and Maps

The CNI Report Series presents the CNI score for each ZIP code by county in both map and tabular format. Samples of the tables and maps are shown in Figures 8-1 and 8-2. ZIP codes in the table are listed by the order of the CNI scores from high to low. Indicator rates for each ZIP code are also listed to facilitate the understanding of the driving forces behind the CNI. To help users compare ZIP codes of interest, region-level references

are provided at the bottom of each table. Indicator rates that are at or above the 80th percentile level in the respective CNI statistical area are highlighted with **bold** type. A user will also see some rates that have been underlined. These rates should be interpreted with caution as they are based on very few cases or events and the numbers vary greatly over a three-year period. They are considered less reliable for analytical purposes.

Contact Information

For order and further information about the CNI, please write to –

NYSDOH AIDS Institute
Office of Program Evaluation
and Research
Riverview Center 5th Floor
150 Broadway
Menands, NY 12204

Fax: (518) 402-6813

e-mail:

cnihelp@health.state.ny.us

subject:

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² ZIP codes with population less than 500 persons are excluded from parameter/weight estimations.

Table 8-2

Definitions of the ten health statistical indicators used in the CNI composite measure.

(Note: Population-based denominators are estimates from Claritas, Inc.)

Indicators	Descriptions
Cocaine Hospital Discharges	One-year average of 1995, 1996, and 1997 cocaine-related hospital discharges aged 15-54 per 100,000 persons aged 15-54. Source: Statewide Planning & Research Cooperative System (SPARCS)
Opioid Hospital Discharges	One-year average of 1995, 1996, and 1997 opioid-related hospital discharges aged 15-54 per 100,000 persons aged 15-54. Source: Statewide Planning & Research Cooperative System (SPARCS)
Low Birthweight	1994, 1995, and 1996 live births with birthweight less than 2,500 grams per 100 live births for females aged 10-44. Source: Bureau of Biometrics
Sexually Transmitted Diseases	One-year average of 1995, 1996, and 1997 syphilis and gonorrhea cases per 100,000 persons. Sources: NYS Department of Health Bureau of STD Control and NYC Department of Health STD Control Program
Teenage Pregnancy	One-year average of 1994, 1995, and 1996 pregnancies of females aged 10-17 per 1,000 females aged 10-17. Exclude spontaneous fetal deaths with gestations of less than 20 weeks. Source: Bureau of Biometrics
Newborn Seroprevalence	1995, 1996, and 1997 HIV-positive newborns per 100 newborns tested. Source: Bureau of HIV/AIDS Epidemiology
Male HIV Discharges	One-year average of 1995, 1996, and 1997 HIV-related hospital discharges for males aged 15-54 per 100,000 males aged 15-54. Source: Statewide Planning & Research Cooperative System (SPARCS)
Female HIV Discharges	One-year average of 1995, 1996, and 1997 HIV-related hospital discharges for females aged 15-54 per 100,000 females aged 15-54. Source: Statewide Planning & Research Cooperative System (SPARCS)
AIDS Cases: Men Who Have Sex With Men (MSM)	One-year average of AIDS cases diagnosed in 1994, 1995, and 1996 with MSM only and MSM/IDU risk factors for individuals aged 15-54 per 100,000 males aged 15-54. Source: AIDS Case Registry
AIDS Cases: Other	One-year average of AIDS cases diagnosed in 1994, 1995, and 1996 with any risk factor other than MSM only and MSM/IDU for individuals aged 15-54 per 100,000 persons aged 15-54. Source: AIDS Case Registry

Figure 8-1

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Community Need Index Report Series (2000 Edition)

Sample County Table

Albany County Risk Indicator, HIV Infection/Illness, and AIDS Case Rates by ZIP Code

Code	CNI	Total ^b Population	Risk Indicator Rates ^a					HIV Infection/Illness Rates ^a			AIDS Case Rates ^a		
			Low Birth-weight per 100 Live Births	Preg-nancy per 1,000 Females 10-17	Cocaine Discharges per 100,000 Population 15-54	Opioid Discharges per 100,000 Population 15-54	Sexually Transmitted Diseases per 100,000 Population	Newborn ^c Sero-prevalence per 100 Tested Newborns	Male HIV Discharges per 100,000 Males 15-54	Female HIV Discharges per 100,000 Females 15-54	Men Who Have Sex With Men per 100,000 Males 15-54	AIDS Cases Other per 100,000 Population 15-54	Total AIDS Cases ZIP 15-54
12207	H	1,747	13.1	75.3	6,044	2,853	897	4.60	5,878	3,625	645	488	826
12202	H	9,164	9.6	48.7	2,926	1,265	924	0.61	2,935	733	177	165	250
12210	H	7,946	11.2	67.1	1,961	865	910	1.05	1,532	521	117	134	195
12206	H	15,864	13.0	56.7	1,804	751	708	0.61	1,573	811	75	92	129
12204	H	7,877	8.1	27.4	610	493	224	0.99	602	1,106	86	55	94
12208	H	22,025	7.4	15.2	594	343	123	0.40	585	174	72	25	61
12209	H	9,849	6.2	255	356	289	112	0.00	384	154	38	25	43
12303	H	27,485	7.7	17.3	330	216	82	0.00	123	157	5	11	13
12469	H	562	3.8	0.0	111	0	0	*	849	0	*	*	111
12047	H	17,690	7.8	27.8	314	167	23	0.00	153	83	*	*	3
12120	H	391	15.0	0.0	457	0	0	*	0	0	*	*	152
12203	H	30,430	4.5	24.3	138	5	4	0.00	181	64	23	10	21
12189	H	16,837	7.2	17.7	183	100	53	0.17	92	114	7	10	14
12077	H	5,706	6.4	2.4	101	21	169	0.00	352	84	21	21	31
12205	H	25,295	5.0	17.7	223	124	25	0.00	256	72	5	10	12
12143	M	6,356	6.6	1.9	111	121	37	0.00	227	0	0	0	0
12084	M	5,819	12.8	0.0	176	29	23	0.00	123	37	41	10	29
12211	M	10,871	5.1	5.8	145	56	31	0.00	114	44	23	22	34
12059	M	1,472	6.9	17.8	39	0	0	*	0	0	*	*	39
12183	L	2,535	3.3	15.9	258	70	26	0.00	46	0	0	0	0
12023	L	1,623	6.3	10.0	36	217	0	*	72	0	0	0	0
12158	L	6,419	6.2	10.0	134	18	26	0.00	36	70	*	*	9
12193	L	2,25	6.2	2.4	0	26	0	*	50	0	*	*	26
12054	L	16,195	8.4	4.4	109	31	12	0.21	40	8	0	0	0
12110	L	20,965	5.6	7.4	58	42	17	0.00	27	74	5	3	5
Regional Reference ^e													
80th Percentile			8.4	19.0	180	92	29	0.00	126	17	17	10	24
50th Percentile (Median)			5.6	10.9	70	23	4	0.00	0	0	0	0	0
Albany County Rate			7.4	19.2	456	218	138	0.29	425	160	34	28	45
Total Number of Zip Codes that are at or above the 80th percentile			7	8	14	14	15	23	14	17	11	14	14

a Refer to Table 1.2 in Section 1 for variable definitions. All rates, except newborn seroprevalence, low birthweight, and teen pregnancy, are rounded to the nearest whole number.

b 1996 Population estimates are from Claritis Inc.

c All newborns residing in a ZIP code area that has no reported events may not have been tested, nor all tests completed, therefore it is possible that one or more HIV-positive newborns may reside there.

d ZIP code includes at least one state or federal correctional facility.

e The 80th percentile of an indicator rate is the score above which 20% of the ZIP codes in the CNI Statistical Area(See Table 1.1) falls.

The county rate does not correspond to the average of aggregated ZIP code total because ZIP codes do not follow county boundaries.

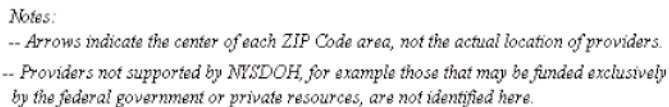
* Data have been suppressed. Refer to Appendix I for suppression criteria.

Note: **Bold** indicates rates that are among the top twenty percent within their category in the CNI statistical area.

Underscore indicates rates that are based on small denominators and high data variability in a 3-year period.

Community Need Index Scores and Location of NYSDOH AIDS Institute-Sponsored Providers

Albany County ZIP Code Areas, 2000

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HIV Counseling and Testing Resource Directory

HIV Counseling and Testing (C&T) Resource Directory

The purposes of the resource directory are to alert human service providers to local HIV C&T resources and to connect individuals in need of such services with available community services. The directory has two sections: the first covers New York State exclusive of New York City, while the second covers New York City. Each section is organized by county with HIV C&T service providers in each county listed alphabetically. Toll-free hotline numbers are displayed on the top of the page in counties where NYSDOH operated anonymous HIV C&T services are available.

For every service provider included in the directory, the name, address, and a contact phone number are listed first, followed by information on:

- (1) the availability of anonymous HIV tests);
- (2) type of visits (walk-in, by appointment, evening hours, and weekend hours);
- (3) languages spoken by counseling staff; and
- (4) free information associated with HIV C&T
- (5) Special features, such as multiple service sites, population-specific services, and alternative testing methods such as oral fluid testing are also noted.

Information for this directory was obtained from a survey of AIDS Institute-funded HIV C&T service providers and other providers reimbursed by Medicaid for HIV C&T services. The data were collected between October, 2000 and April, 2001 by mailed surveys

The directory lists only providers that offer HIV C&T services to the general public and agree to be listed. Other HIV C&T providers, particularly those with services restricted to inpatients and/or staff, may not be included in the directory.

The 2001 edition is available as a PDF document on the DOH web site (www.health.state.ny.us).

This edition has incorporated changes and corrections made since the 1999 Revised Edition was released in June 2000.

Planning Resources

Behavior Risk Surveys

Behavior Risk Surveys

Youth Risk Behavior Survey (YRBS)

The Youth Risk Behavior Survey is conducted by the State Education Department every two years with direction and support from the Centers for Disease Control and Prevention. The survey is keyed to the behaviors that are most closely linked to the leading causes of morbidity and mortality in this country. The categories are as follows: unintentional injury; intentional injury; tobacco use; alcohol and other drug use; sexual behaviors; dietary behaviors; and physical activity. Two additional items ask about AIDS education. New York State has conducted the survey in its current form since 1991. Each state has the option of deleting and/or adding items to reflect particular priorities or concerns. In 1997, New York included sexuality questions for the first time.

In 1999, 97 New York State high school buildings were randomly selected to participate in the YRBS involving 2676 students (grades 9-12). The survey yielded weighted data, making the results representative of all students in New York State. Of note, the results are not representative of youth that have dropped out of school or are in alternative high schools. In 1998, the National Alternative High School YRBS was conducted to estimate risk behaviors in this group of youth.

Results for 1999

A majority of New York State high school students reported positive health behaviors. Over half (58%) of students surveyed reported that they had never had sexual intercourse. Of the sexually active students, males (46%) were more likely to report ever having sexual intercourse than females (39%). Over one in ten (12%) students reported that they had sexual intercourse with four or more people during their life, with three in ten students (30%) having sexual intercourse with one or more people during the three months prior to the survey. Three in ten (30%) students also reported that they had sexual intercourse, but not during the three months prior to the survey. Less than one in ten (6%) students indicated they had sexual intercourse for the first time before age thirteen.

Among sexually active students, 63% used a condom during their last sexual intercourse. Condom use was higher among 9th grade students (71%) than among 12th grade students (54%). Males (68%) also reported this behavior at greater rates than females (59%). Only one in twenty (5%) students reported that they had been/ gotten someone pregnant one or more times.

Three-quarters of students did not report using alcohol or other drugs at their last sexual intercourse. Males (31%) were more likely than females (19%) to report drinking alcohol or using drugs before their last sexual intercourse in the three months prior to the survey. Furthermore, 68% of students did not report smoking cigarettes 30 days prior to the survey, 50% of students did not report drinking alcohol 30 days prior to the survey and 59% of students indicated they had never used marijuana. Lastly, over nine in ten (91%) students reported that they had been taught about AIDS or HIV infection in school. This rate rose to 96% by 12th grade.

For further information on the results of the YRBS please contact:

Naomi Marsh,
HIV Program Specialist
New York State Education
Department
Room 318M,
Education Building
Albany, NY 12234

Phone: 518-486-6049

Fax: 518-474-8299

E-mail:
nmarsh@mail.nysed.gov

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Behavior Risk Surveys

The Adult Behavior Risk Factor Surveillance Survey (BRFSS)

The behavior risk factor surveillance survey is conducted annually at the state level through funding from CDC. Each state administers a random digit dialing-based telephone survey composed of a number of core modules and any of several optional modules, each inquiring into an important aspect of personal health-related behavior. The resultant data are weighted by CDC to represent the racial/ethnic, age, and gender distribution of the state's population.

In 1996, 4,312 New Yorkers responded; in 1997, 3,403 New Yorkers did so. Only those respondents between ages 18 and 50 years of age were asked the Sexual Behavior Module.

BHAE staff, with the assistance of graduate students from the School of Public Health, State University of New York at Albany, analyzed and compared the data from the 1997 and 1998 HIV/AIDS, demographics, and sexual behavior modules.

Of particular interest are the following outcomes as they bear directly on prevention activities:

- (1) In 1996, over 60% of all respondents felt that HIV/AIDS education should begin in grade school; in 1997 the response was only slightly decreased and an increasing percentage thought HIV/

AIDS education should start as early as kindergarten.

- (2) In both 1996 and 1997, over 80% of BRFSS respondents replied "yes" to the question: "If you had a teenager who was sexually active, would you encourage him/her to use a condom?"

These responses demonstrate that a great proportion of NYS parents and concerned adults understand the importance of educating young people about the risk of HIV infection. The second question supports this finding by revealing overwhelming adult support for protective behavior among teens. These responses can be very useful information for educators and parents initiating and/or sustaining school-based, age-appropriate HIV/AIDS programing.

- (3) In 1996 and 1997, approximately 8% of respondents felt that they were personally at high or medium risk of becoming HIV infected. During both years, over 60% of respondents self-assessed themselves to be at no risk of HIV infection.

Unfortunately, the survey does not include questions that would allow researchers to discern whether these self-assessments are accurate. One can assume, however, that within the limitations of this type of study, the responses

are reflective of the general level of awareness of personal sexual, drug-related, and/or occupational risks among the respondents.

- (4) Among 1997 respondents, 60% said "yes" when queried: "Do you always use condoms for protection? Only a little more than 30% answered "yes" to the follow-up question: "Was a condom used the last time you had sexual intercourse?" [NB: The first question was not included in the 1996 questionnaire.]

These responses appear to be contradictory: among the same individuals who believe they are using condoms "at all times" only half actually used condoms at last intercourse. While it cannot be discerned whether this is a matter of lack of self-awareness/denial or if the individual respondent answered in the manner that he/she believed was expected of them, it is hoped that most individuals responded in what they believed was a conscious and realistic manner. Even with this question unanswered, this information presents the HIV/AIDS prevention educator with two tasks: [1] to increase the individuals awareness of the actual level of their risky behaviors and [2] to assist that same individual to increase the frequency of their protective behaviors.

A full review of the outcomes from 1996/1997 BRFSS will be available later in 2001.

Planning Resources

Information on the Web

Information available on the World Wide Web

The New York State Department of Health has several informative web sites that can be accessed by the public. These sites include:

- The New York State Department of Health main web page with links to HIV/AIDS information: <http://www.health.state.ny.us>
 - HIV and AIDS Statistics: <http://www.health.state.ny.us/nysdoh/research/aids/homeaids.htm>
 - Information on New York State's HIV reporting and partner notification law, HIV reporting and partner notification regulations, New York State Interagency Task Force on HIV/AIDS final report, HIV/AIDS counseling in New York State, changes in the newborn HIV screening programs as well as criteria for the medical care of children and adolescents with HIV infection: <http://www.health.state.ny.us/nysdoh/aids/index.htm>
 - Information on HIV Counseling and Testing: <http://www.health.state.ny.us/nysdoh/aids/hivtesti.htm>
 - New York State Vital Statistics includes deaths by cause of death: <http://www.health.state.ny.us/nysdoh/vr/mainvs.htm>
- Additional web sites related to HIV/AIDS include:
- New York State Data Center has population estimates by several demographics: <http://www.empire.state.ny.us/nysdc/>
 - New York City Department of Health: <http://www.ci.nyc.ny.us/html/doh/html/dires/dires.html>
 - The Centers for Disease Control and Prevention (CDC): <http://www.cdc.gov>
 - CDC National Center for HIV, STD and TB Prevention, Division of HIV Prevention: <http://www.cdc.gov/hiv/dhap.htm>
 - CDC Morbidity and Mortality Reports related to HIV/AIDS: <http://www.cdc.gov/hiv/pubs/mmwr.htm>
 - CDC National Prevention Information Network (NPIN-formerly CDC National AIDS Clearinghouse): <http://www.cdcnpin.org>
 - The National Institutes of Health: <http://www.nih.gov>
 - National Library of Medicine Guide to National Institutes of Health HIV/AIDS Information Services: <http://www.sis.nlm.nih.gov/aids/index.html>
 - National Institutes of Allergy and Infectious Diseases National Institutes of Health: <http://www.niaid.nih.gov/>
 - National Heart, Lung and Blood Institute AIDS Research Programs: <http://www.nhlbi.nih.gov/resources/aids/index.htm>
 - The Association of State and Territorial Health Officials (ASTHO): <http://www.astho.org>
 - National Alliance of State and Territorial AIDS Directors: <http://www.nastad.org/>
 - U.S. Census Data provides a variety of population demographics using several geographic variables: <http://venus.census.gov/cdrom/lookup/917297640/>
 - U.S. Census Bureau HIV/AIDS Surveillance: <http://www.census.gov/ipc/www/hivaidsn.html>
 - World Health Organization: <http://www.who.int/>
 - World Health Organization Initiative on HIV/AIDS and Sexually Transmitted Infections: <http://www.who.int/asd/>

Planning Resources Information on the Web

- U. N. AIDS/WHO Global HIV/AIDS and STD Surveillance:
<http://www.who.int/emc-hiv/>
- U. N. AIDS has international AIDS statistics:
<http://www.unaids.org/>
- National Hemophilia Foundation:
<http://www.hemophilia.org/>
- National Pediatric and Family HIV Resource Center:
<http://www.pedhivaids.org/>
- AIDS Education and Training Centers (AETC) National Resource Center (HRSA):
<http://www.aids-ed.org>
- AIDS Treatment Information Service (ATIS) US Department of Health and Human Services:
<http://www.hivatis.org/>
- U.S. Public Health Service HIV/AIDS Treatment Guidelines:
<http://www.hivatis.org/trtgdlns.html>
- Computerized AIDS Ministries:
<http://gbgm-umc.org/cam/>
- U.S. Food and Drug Administration HIV and AIDS Activities:
<http://www.fda.gov/oashi/aids/hiv.html>
- AIDS Resource List:
<http://www.specialweb.com/aids/>
- HIV/AIDS Info Web:
<http://www.infoweb.org/>
- HIVNET Information Server:
<http://www.hivnet.org/>
- HIV Nutrition Resources:
<http://www.hivresources.com/>
- AIDS Epidemic Timeline and Archive of Articles:
<http://www.nytimes.com/library/national/science/aids/timeline2000.html>
- AIDS Clinical Trials Information Service (ACTIS):
<http://www.actis.org/>
- AIDS Knowledge Database (online textbook) University of California-San Francisco:
<http://HIVInSite.ucsf.edu/akb/1997/>
- AIDS Virtual Library:
<http://www.quniverse.com/aidsvl/>
- JAMA HIV/AIDS Information Center:
<http://www.ama-assn.org/special/hiv/>
- Johns Hopkins AIDS Service:
<http://www.hopkins-aids.edu/>
- Medscape HIV/AIDS:
<http://www.medscape.com/Home/Topics/AIDS/AIDS.html>
- The Body:
<http://www.thebody.com/>
- Gay Men's Health Crisis:
<http://www.thebody.com/gmhc/gmhcpage.html>
- San Francisco AIDS Foundation:
<http://www.sfaf.org/>
- STOP AIDS Project:
<http://www.stopaids.org/>
- PBS-Nova "Surviving AIDS":
<http://www.pbs.org/wgbh/nova/aids/>
- HIV/AIDS Information Outreach Project. New York Academy of Medicine:
<http://www.aidsnyc.org/index.html>
- World Bank AIDS Economics:
<http://www.worldbank.org/aids-econ/>
- United Kingdom Department of Health STD and AIDS:
<http://www.doh.gov.uk/std.htm>
- UNICEF-Voices of AIDS HIV/AIDS Quiz:
http://www.unicef.org/voy/learning/aids_disclaim.html